PERSONNEL DIVISION NOV 25 19 GEAVE REQUEST FORM /4 ___ Ref. No._ Department SHUPS AMOStation DVM TYPE OF LEAVE REQUESTED FROM: THROUGH: TOTAL No. OF HOUR MONTH YEAR HOUR DAY MONTH DAY YEAR HOUR Home 0 Travel Time 1966 Annual Sick ... Without Pay (30 days or less) OTHER) COMPANIA 966 Address (and telephone No.) where employee can be reached while on leave: 1. Name of occupant of residence, i.e. % - GRAND 14UTEL 140NG KCING CITY, STATE - IF APARTMENT, ALSO INDICATE APARTMENT NO. 3. Telephone No. _ (if no telephone available, so indicate) Employee's Signature APPROVALS: Title Date Name Title NOV. 23, 1966 NOV. 19. 1966 Division Director

PD-10 R12

Remarks: 8 8mp:

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(Space for Medical Certification on reverse side)

Director of Fersonnel

1. To Personnel Division for Approval

To Payroll Section for Recording/Action

3. To Personnel Division for File

APPROVED FOR RELEASE DATE: 24-Aug-2010

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(NAME, TITLE & SIGNATURE OF SUPERVISOR)

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